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June 30, 2014

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 202-828-5528

**REDACTED - FOR PUBLIC INSPECTION**

*VIA HAND DELIVERY*

Marlene H. Dortch, Secretary  
 Federal Communications Commission  
 445 12<sup>th</sup> Street, S.W.  
 Washington, DC 20554

**ACCEPTED/FILED**  
 JUN 30 2014

Federal Communications Commission  
 Office of the Secretary

**RE: Form 481 - Carrier Annual Reporting Data Collection Form  
 WC Dockets No. 10-90, 11-42 and 14-58  
 Smithville Telephone Company (SAC 320818)**

Dear Ms. Dortch:

Pursuant to Sections 54.313(i) and 54.422(c) of the Commission's Rules, Smithville Telephone Company ("the Company") hereby submits a copy of its "FCC Form 481 - Carrier Annual Reporting Data Collection Form," which was or will be timely filed with the Universal Service Administrative Company and the appropriate state commission on or before July 1, 2014.

The Company seeks confidential treatment under the *Protective Order* adopted by the Commission in this proceeding for the financial information included in its report pursuant to

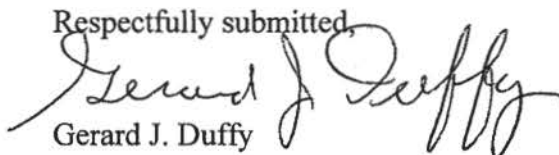
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§54.313(f)(2).<sup>1</sup> Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. In accordance with the *Protective Order*, the Company is submitting one copy of its FCC Form 481 (which includes a Stamped Confidential Document containing its proprietary and confidential financial information) via hand delivery to the Secretary's Office, and two copies of the same FCC Form 481 (including the Stamped Confidential Document) via hand delivery to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 12th Street, S.W., Room 5-A452, Washington, D.C. 20554. The Company is also submitting two copies of its FCC Form 481 (which includes a Redacted Confidential Document with its proprietary and confidential information obscured) via hand delivery to the Secretary's Office under a separate cover letter marked "REDACTED – FOR PUBLIC INSPECTION" and via the Electronic Comment Filing System.

The Company has submitted a separate letter requesting confidential treatment pursuant to Section 0.459 of the Commission's Rules for certain proprietary and confidential portions of its five-year service improvement plan and the prices of its voice and broadband service offerings.

Respectfully submitted,

  
Gerard J. Duffy

cc: Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau

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<sup>1</sup> *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

**REDACTED – FOR PUBLIC INSPECTION**

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1914 – 1999

June 30, 2014

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gjd@bloostonlaw.com

**WC Docket Nos. 10-90, 11-42 and 14-58**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, SW  
Room TW-A325  
Washington, DC 20554

**ACCEPTED/FILED**  
**JUN 30 2014**

Federal Communications Commission  
Office of the Secretary

**RE: Rule Section 0.459 Request for Confidential Treatment**  
**Smithville Telephone Company (SAC 320818)**  
**FCC Form 481 – Carrier Annual Reporting Data Collection Form**

Dear Ms. Dortch:

Smithville Telephone Company ("the Company"), by its attorney, hereby requests, pursuant to Section 0.459 of the Commission's Rules, that the redacted portions of the Company's five-year service improvement plan and voice and broadband price offerings be withheld from public inspection.

In accordance with Section 0.459(b) of the Commission's Rules, the Company states:

1. The specific information for which confidentiality is sought is comprised of the tables detailing annual projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019, and projecting the build-out costs of such projects during the same five-year period, plus the rates for its various voice and broadband service offerings.
2. This information is submitted in compliance with: (a) the requirement in Section 54.313(a)(1) of the Commission's Rules that recipients of high-cost support submit a progress report on their five-year service quality improvement plans; and (b) the requirement in Section 54.313(a)(7) of the Rules that recipients submit their price offerings in a format as specified by the Wireline Bureau.



## REDACTED – FOR PUBLIC INSPECTION

Marlene H. Dortch, Secretary  
June 30, 2014  
Page 2 of 3

3. This information regarding the nature and timing of the Company's construction and network improvement plans, the estimated costs thereof, and its various price offerings is proprietary and confidential commercial and financial information that is routinely withheld from public inspection.

4. The voice and broadband services for which the 5-year service improvement plans have been prepared are subject to actual or potential competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers. Even where competition is not active at present, the nature and scheduling of the Company's network upgrades, the size and timing of its related expenditures, and the prices of its various service offerings constitute very valuable competitive intelligence for any entity that may be contemplating or planning entry into one or more portions of the Company's service area.

5. Again, whether or not the Company has an active competitor in a particular exchange at the present time, there are numerous potential competitors and the nature and scheduling of the Company's network upgrades, the size and timing of its related expenditures, and the prices of its service offerings constitute very valuable competitive intelligence that can greatly assist the planning of any entity that may be competing or contemplating entry into one or more portions of the Company's service area.

6. The Company limits internal access to its 5-year service improvement plan to its key employees and consultants who need the information for planning, reporting and management purposes. The plan is not posted on any Company website, or included in any Company press release, report or other document that is available to the general public or to unrestricted portions thereof.

7. The Company does not make its 5-year build-out plans available to the public, and has not previously disclosed the present plan or similar previous plans to third parties. Whereas the Company does make its various prices available to its existing and potential customers, competitors should not be able to obtain them readily by going to the Commission's website.

8. The Company requests that the individual charts included in its 5-year plan not be available for public disclosure until at least the end of 2020, the next full calendar year after the completion of its following the calendar year to which the chart applied. Competitors and potential competitors should not be able to see the Company's network deployment and expenditure plans until a year after the end of the plan period (particularly because weather and other factors can cause construction delays). After that period, projects are generally completed, and competitors are able to observe directly or read published reports of what the Company actually did to improve its network and services.

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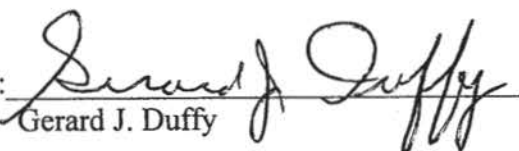
Marlene H. Dortch, Secretary

June 30, 2014

Page 3 of 3

The Company notes that it is also redacting and claiming confidential treatment, pursuant to the Bureau's *Protective Order*, DA 12-1857, released November 16, 2012, for the financial information submitted in compliance with the requirements of Section 54.313(f)(2) of the Commission's Rules.

Respectfully submitted,  
**Smithville Telephone Company**

By:   
Gerard J. Duffy

Its Attorney

Blooston, Mordkofsky, Dickens,  
Duffy & Prendergast, LLP  
2120 L Street NW (Suite 300)  
Washington, DC 20037  
Telephone: (202) 659-0830  
Facsimile: (202) 828-5568  
Email: [gjd@bloostonlaw.com](mailto:gjd@bloostonlaw.com)

# REDACTED - FOR PUBLIC INSPECTION

## FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 320818  
<015> Study Area Name SMITHVILLE TEL CO  
<020> Program Year 2015  
<030> Contact Name: Person USAC should contact with questions about this data Stephanie Wall  
<035> Contact Telephone Number: Number of the person identified in data line <030> 8129352215 ext.  
<039> Contact Email Address: Email of the person identified in data line <030> stephanie.wall@smithville.net

ACCEPTED/FILED  
JUN 30 2014

Federal Communications Commission  
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 320818in500-510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 320818in600-610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to <u>Price Cap Additional Documentation Worksheet</u>			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to <u>ROR Additional Documentation Worksheet</u>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

320818in100.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.


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<010>	Study Area Code	320616
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

[illegible]

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(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

&lt;701&gt; Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

[illegible]

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(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986 / OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net
<810>	Reporting Carrier	Smithville Communications Inc.
<811>	Holding Company	Smithville Holding Inc.
<812>	Operating Company	Smithville Communications Inc

[illegible]

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(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 320818  
 <015> Study Area Name SMITHVILLE TEL CO  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Stephanie Wall  
 <035> Contact Telephone Number - Number of person identified in data line <030> 8129352215 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> stephanie.wall@smithville.net

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

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(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☒

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☒

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## (1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP [s://www.smithville.net/about/legal/lifeline](http://www.smithville.net/about/legal/lifeline)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



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## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TEL CO
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

## Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

## Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

## Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

## Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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## (3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0585/OMB Control No. 3060-0819

July 2015

<010> Study Area Code 320818  
 <015> Study Area Name SMITHVILLE TEL CO  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Stephanie Wall  
 <035> Contact Telephone Number - Number of person identified in data line <030> 8122352215 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> stephanie.wall@smithville.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No)  
 (Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

320818in3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  
 (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.



If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.  
 (3023) Underlying information subjected to a review by an independent certified public accountant  
 (3024) Underlying information subjected to an officer certification.  
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3050-0886/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	320818
<015> Study Area Name	SMITHVILLE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035> Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LJ Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	SMITHVILLE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	320818
Filing Due Date for this form:	07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



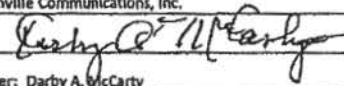
# REDACTED - FOR PUBLIC INSPECTION

Page 1

Certification Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320818
<015>	Study Area Name	Smithville Communications, Inc.
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <0: 812-935-2215	
<039>	Contact Email Address - Email Address of person identified in data line <0: stephanie.wall@smithville.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Smithville Communications, Inc.		
Signature of Authorized Officer:		Date 6-23-14
Printed name of Authorized Officer: Darby A. McCarty		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: 812-876-2211		
Study Area Code of Reporting Carrier: 320818	Filing Due Date for this form:	7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

Page 1

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0619 July 2013
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<010> Study Area Code	320810
<015> Study Area Name	SMITHVILLE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035> Contact Telephone Number - Number of person identified in data line <030>	8129352215 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Rate Floor Date

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center"><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Smithville Communications, Inc.</u>			
Signature of authorized officer <u>Cullen H. McCarty</u>			Date <u>6/13/14</u>
Printed name of authorized officer <u>Cullen H. McCarty</u>			
Title or position of authorized officer <u>Vice President</u>			
Telephone number of authorized officer: <u>(812) 876-2211</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>320818</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2014</u>

CERTIFICATION-AGENT

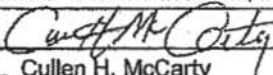


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Rate Floor Template

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Smithville Communications, Inc.		
Signature of authorized officer		Date	6/13/14
Printed name of authorized officer	Cullen H. McCarty		
Title or position of authorized officer	Vice President		
Telephone number of authorized officer:	(812) 876-2211, ext.		
Study Area Code of Reporting Carrier	320818	Filing Due Date for this form (mm/dd/yyyy)	07/01/2014

**REDACTED - FOR PUBLIC INSPECTION**

**Attachments**

**REDACTED - FOR PUBLIC INSPECTION**

(700) Prices Offerings Including Voice Rate Data  
 Data Collection Form

FCC Form 601  
 OMB Control No. 3050-0386/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	320810
<015>	Study Area Name	SHIVERSVILLE TEL CC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	6174952315 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@anthville.net

<701>	Residential Local Service Charge Effective Date	1/3/2014
<702>	Single State-wide Residential Local Service Charge	

(703)

[illegible]



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(710) Broadband Price Offerings Data Collection Form		FD Form 483 OMB Control No. 3060-0046/OMB Control No. 3060-0013 July 2012
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<010>	Study Area Code	320418
<015>	Study Area Name	SHUTTERVILLE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Hall
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129152215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steph@co.williams.ky.us

<711>	<010>	<020>	<030>	<040>	<050>	<060>	<070>	<080>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
IN	874/Rlettsville	0.0			8.7	0.1	0.0	Other, Unlimited Usage
IN	815/Rlettsville	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	916/French Lick	0.0			8.7	0.1	0.0	Other, Unlimited Usage
IN	918/French Lick	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	879/Courport	0.0			8.7	0.1	0.0	Other, Unlimited Usage
IN	851/Oshtia	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	383/Hyams	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	877/Lake Monroe	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	858/Lyons	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	659/Lyons	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	852/monroburg	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	867/monroburg	0.0			8.7	0.1	0.0	Other, Unlimited Usage
IN	363/Sharpsville	0.0			8.7	0.1	0.0	Other, Unlimited Usage
IN	823/Smithville	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	824/Smithville	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	826/Stanford	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	826/Stanford	0.0			0.7	0.1	0.0	Other, Unlimited Usage
IN	876/Ellettsville	0.0			1.6	0.7	0.0	Other, Unlimited Usage
IN	875/Ellettsville	0.0			1.6	0.7	0.0	Other, Unlimited Usage
IN	824/French Lick	0.0			1.5	0.7	0.0	Other, Unlimited Usage
IN	824/French Lick	0.0			1.5	0.7	0.0	Other, Unlimited Usage

REDACTED - FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> Data Collection Form		FCC Form 481 OMB Control No. 3060-0286/OMB Control No. 3080-0819 July 2013
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<010>	Study Area Code	320818
<015>	Study Area Name	SMITHVILLE TBL CD
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Wall
<035>	Contact Telephone Number - Number of person identified in data line <030>	412992218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie.wall@smithville.mt

<711>

State	Exchange (JLEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
TN	879/Gonport	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	851/Wiciffin	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	383/Hymara	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	617/Lake Monroe	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	454/Lyons	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	659/Lyons	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	743/Owensburg	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	743/Owensburg	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	743/Owensburg	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	943/Sharpsville	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	823/Smithville	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	824/Smithville	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	825/Stanford	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	824/Stanford	0.0	0.0	0.0	1.5	0.7	0.0	Other, Unlimited Usage
IN	876/Ellettsville	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	935/Ellettsville	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	934/French Lick	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	934/French Lick	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	879/Gonport	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	851/Wiciffin	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	383/Hymara	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage
IN	617/Lake Monroe	0.0	0.0	0.0	3.0	0.5	0.0	Other, Unlimited Usage